

HHR

10/10/2007

UNITED STATES DISTRICT COURT FOR THE
NORTHERN DISTRICT OF ILLINOISFILED
5-5-2008
MAY 5 2008 MBMICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT
IN FORMA PAUPERIS APPLICATION
AND
FINANCIAL AFFIDAVITKenneth Poundexter

Plaintiff

v.

Cook County Public Defender's Office
~~State of Illinois, Attorney General~~
Defendant(s)08CV2546
JUDGE DOW JR.
MAG. JUDGE COX

Wherever is included, please place an X into whichever box applies. Wherever the answer to any question requires more information than the space that is provided, attach one or more pages that refer to each such question number and provide the additional information. Please PRINT:

I, Kenneth Poundexter, declare that I am the plaintiff petitioner movant (other _____) in the above-entitled case. This affidavit constitutes my application to proceed without full prepayment of fees, or in support of my motion for appointment of counsel, or both. I also declare that I am unable to pay the costs of these proceedings, and that I am entitled to the relief sought in the complaint/petition/motion/appeal. In support of this petition/application/motion/appeal, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? Yes No (If "No," go to Question 2)
I.D. # RC06346 Name of prison or jail: Westside Illinois
Do you receive any payment from the institution? Yes No Monthly amount: _____
2. Are you currently employed? Yes No
Monthly salary or wages: 00-21-07
Name and address of employer: 3500 S. 35th
- a. If the answer is "No":
Date of last employment: 09-21-07
Monthly salary or wages: 3500.00 monthly
Name and address of last employer: J.P. Tracking
- b. Are you married? Yes No
Spouse's monthly salary or wages: _____
Name and address of employer: _____
3. Apart from your income stated above in response to Question 2, in the past twelve months have you or anyone else living at the same residence received more than \$200 from any of the following sources? Mark an X in either "Yes" or "No", and then check all boxes that apply in each category.
 - a. Salary or wages Yes No
Amount _____ Received by _____

b.	<input type="checkbox"/> Business, <input type="checkbox"/> profession or <input type="checkbox"/> other self-employment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Amount _____	Received by _____		
c.	<input type="checkbox"/> Rent payments, <input type="checkbox"/> interest or <input type="checkbox"/> dividends	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Amount _____	Received by _____		
d.	<input type="checkbox"/> Pensions, <input type="checkbox"/> social security, <input type="checkbox"/> annuities, <input type="checkbox"/> life insurance, <input type="checkbox"/> disability, <input type="checkbox"/> workers' compensation, <input type="checkbox"/> unemployment, <input type="checkbox"/> welfare, <input type="checkbox"/> alimony or maintenance or <input type="checkbox"/> child support	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Amount _____	Received by _____		
e.	<input type="checkbox"/> Gifts or <input type="checkbox"/> inheritances	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Amount _____	Received by _____		
f.	<input type="checkbox"/> Any other sources (state source: _____)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Amount _____	Received by _____		
4.	Do you or anyone else living at the same residence have more than \$200 in cash or checking or savings accounts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Total amount: _____	
	In whose name held: _____	Relationship to you: _____	
5.	Do you or anyone else living at the same residence own any stocks, bonds, securities or other financial instruments?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	Property: _____	Current Value: _____	
	In whose name held: _____	Relationship to you: _____	
6.	Do you or anyone else living at the same residence own any real estate (houses, apartments, condominiums, cooperatives, two-flats, three-flats, etc.)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	Address of property: _____		
	Type of property: _____	Current value: _____	
	In whose name held: _____	Relationship to you: _____	
	Amount of monthly mortgage or loan payments: _____		
	Name of person making payments: _____		
7.	Do you or anyone else living at the same residence own any automobiles, boats, trailers, mobile homes or other items of personal property with a current market value of more than \$1000?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	Property: _____		
	Current value: _____		
	In whose name held: _____	Relationship to you: _____	
8.	List the persons <u>who are dependent on you for support</u> , state your relationship to each person and indicate how much you contribute monthly to their support. If none, check here <input type="checkbox"/> No dependents		
	<u>Dawn Pendleton, my son 1500.00 monthly</u>		

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: May 30 07

Kenneth Poindexter

Signature of Applicant

Kenneth Poindexter

(Print Name)

NOTICE TO PRISONERS: A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution.

CERTIFICATE

(Incarcerated applicants only)

(To be completed by the institution of incarceration)

I certify that the applicant named herein Poindexter, Kenneth D# R06316, has the sum of \$ 25.95 on account to his/her credit at (name of institution) Western Illinois CC.

I further certify that the applicant has the following securities to his/her credit: N/A. I further certify that during the past six months the applicant's average monthly deposit was \$ _____.

(Add all deposits from all sources and then divide by number of months).

March 24, 2008

DATE

Beverly J. Engelbrecht

SIGNATURE OF AUTHORIZED OFFICER

Beverly J. Engelbrecht

(Print name)

Time: 1:59pm

d_lst_inmate_trans_statement_composite

Western Illinois Correctional Center
Trust Fund

Inmate Transaction Statement

REPORT CRITERIA - Date: 9/24/2007 thru End; Inmate: R06316; Active Status Only? : No; Print Restrictions? : Yes;
 Transaction Type: All Transaction Types; Print Furloughs / Restitutions? : Yes; Include Inmate Totals? : Yes; Print
 Balance Errors Only? : No

Inmate: R06316 Poindexter, Kenneth

Housing Unit: WIL-03-B -38

Date	Source	Transaction Type	Batch	Reference #	Description	Amount	Balance
						Beginning Balance:	0.00
02/26/08	Mail Room	04 Intake and Transfers In	057215	136820	Stateville C.C.	-9.50	-9.50
03/07/08	Payroll	20 Payroll Adjustment	067153		P/R month of 02/2008	5.44	-4.06
03/14/08	Mail Room	10 Western Union	074200	2339370819	POINDEXTER, TRENELL	40.00	35.94
							Total Inmate Funds: 35.94
							Less Funds Held For Orders: .00
							Less Funds Restricted: 9.99
							Funds Available: 25.95
							Total Furloughs: .00
							Total Voluntary Restitutions: .00

RESTRICTIONS

Invoice Date	Invoice Number	Type	Description	Vendor	Amount
02/28/2008	2467	Disb	copies	2 DOC: 523 Fund Library	\$0.60
03/17/2008	2663	Disb	Legal Postage	7606 CMRS-PBP Acct. #36242386	\$0.58
03/17/2008	2663	Disb	Legal Postage	7606 CMRS-PBP Acct. #36242386	\$1.14
03/17/2008	2663	Disb	Legal Postage	7606 CMRS-PBP Acct. #36242386	\$0.97
03/19/2008	2670	Disb	Library	99999 DOC: 523 Fund Inmate Reimbursement	\$1.15
03/19/2008	2712	Disb	Debts due to State (non-postage)	99999 DOC: 523 Fund Inmate Reimbursement	\$5.00
03/21/2008	2727	Disb	copies	2 DOC: 523 Fund Library	\$0.55
					Total Restrictions: \$9.99